

Authorization for Automatic Withdrawal of Child Support

Your Name: (please print) _____

Address _____ City _____ State _____ Zip _____

Daytime phone () _____ - _____ Home phone () _____ - _____

Social Security Number: _____ - _____ - _____

I authorize the Nebraska Child Support Payment Center to initiate a deduction from my
Checking Savings (Circle One)

Account Number: _____

Routing Number: _____

(at the bottom of your check, starting from the left - it is a nine-digit number)

Bank Name: _____

City: _____ State: _____

Please deduct my child support:

___ Weekly Start Date _____ Amount \$ _____

___ Bi-Weekly Start Date _____ Amount \$ _____

___ Semi-monthly 1st Date _____ 2nd Date _____ Amount \$ _____

___ Monthly Start Date _____ Amount \$ _____

(please check only one of the above options)

If you make a change in your bank information, you must notify the Nebraska Child Support Payment Center and complete a new authorization from. Notice must be given at least 10 business days prior to any pending transaction. If notifying of a change in bank information over the Internet (www.nebraskachildsupport.com), notification must take place two business days prior to the next transaction in order to change or stop a payment in progress.

I acknowledge that the origination of these transactions to my account my comply with United States Law.

Signature _____ Date _____

You MUST attach a voided check or photocopy of a voided check
We cannot process this form without it. Deposit tickets cannot be accepted.